

DATE:

FROM:

TO: Chris Viton, Controller

RE: Acknowledgment of Adherence to Credit

Card Merchant Policy

I acknowledge I have received the Merchant Policy for Credit Card Handling Responsibilities and will adhere to the specifications outline.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization of Department Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name)

Signature and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_